

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035368

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

426

STATE FILE NUMBER

FILED SEP 27 1963

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Cape Girardeau

Length of stay in 1b

DOA

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Francis Hospital

Inside Limits.

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY Alexander

c. CITY

OR

TOWN

Cairo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

821 - 23rd Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Evia

Middle

Lee

Last

Thomas

## 4. DATE OF DEATH

Month

Day

Year

September 22, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/8/1908

## 9. AGE (last birthday)

54

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Canton, Mississippi

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Couthen

## 13b. MOTHER'S MAIDEN NAME

Maggie Smith

## 14. NAME OF HUSBAND OR WIFE

Johnnie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No None

## 16. SOCIAL SECURITY NO.

8

## 17. INFORMANT

Mrs Cecil O. Stewart

## Address

1108 Cedar St., Cairo, Illinois

## 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH  
2 hrs 45 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypertensive Cardiovascular Disease

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 5-17-62 to 9-22-63 and last saw her alive on 9-22-63

Death occurred at 6:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Homer H. Chambliss MD

## 22b. ADDRESS

1301 1/2 Washington Ave  
Cairo, Ill.

## 22c. DATE SIGNED

9-23-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9/26/63

## 23c. NAME OF CEMETERY OR CREMATORY.

Spencer Heights

## 23d. LOCATION (City, town, or county)

Mounds, Illinois

(State)

## 24. FUNERAL DIRECTOR

Edward A. Ruffin

## ADDRESS

2501 Poplar St.  
Cairo, Illinois

## 25. DATE RECD. BY LOCAL REG.

9-24-63

## 26. REGISTRAR'S SIGNATURE

Dennis Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Edward H. Ruffin

Licensed Embalmer No. 5022  
2501 Poplar Street  
 P. O. Address Cairo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.